

DATE: June 15, 2005
TO: County Emergency Management Directors
FROM: Margie Welsh, Wisconsin Emergency Management CERT Program Coordinator
**SUBJECT: Course Recruitment: COMMUNITY EMERGENCY RESPONSE TEAM (CERT)
TRAIN-THE-TRAINER – (CERT TTT)**

The Wisconsin Division of Emergency Management will be sponsoring the Community Emergency Response Team (CERT) Train-the-Trainer on **AUGUST 19-21, 2005** at the **U.W. Hospital in Madison, Wisconsin**. The training will begin on Friday, August 19th, from **5:00 p.m. to 9:00 p.m.** The training will continue on Saturday and Sunday, August 20th and 21st, starting at **8:00 a.m.** and finishing at **5:00 p.m.** on both days. **This is a Train-the-Trainer, and we anticipate that students who complete this course will be providing CERT training in their community or agency.** Dress is Casual.

This 21-hour course will prepare first responders to provide Community Emergency Response Team (CERT) training to civilians. The CERT concept was initially developed by the Los Angeles Fire Department to provide the citizens of Los Angeles with basic training in disaster survival and rescue skills in the event of an earthquake. The training program proved to be so beneficial that the Federal Emergency Management Agency (FEMA) adopted the program and expanded the CERT materials to make them applicable to all hazards. The primary reason for CERT training is to provide citizens with the skills to take care of themselves, their families, and their neighbors following a disaster, until first responders can arrive. CERT training covers disaster preparedness, fire safety, basic disaster medical operations, light search and rescue, disaster psychology, terrorism, and team operations.

Wisconsin Emergency Management will provide lodging for participants who travel more than 50 miles, one way, and do not wish to commute; however, the cost for travel, meals and any other incidentals associated with your stay will be your responsibility. Additional administrative information will be provided in letters of confirmation to be sent when the course roster is finalized. No more than 30 students will be admitted into the course. Participants will be accepted on a first come, first serve basis, so submit your application as soon as possible.

Please duplicate the enclosed registration form as necessary, and return the completed registration form to Margie Welsh via fax: (608) 242-3249, no later than JULY 19, 2005.

If you have questions, or need further information, please contact Margie Welsh at (608) 242-3222, or margie.welsh@dma.state.wi.us.

Enclosure: Registration Form

Cc: WEM Management
Regional Offices
Jan Beyer
Keith Tveit
Javier Font

REGISTRATION INFORMATION

COMMUNITY EMERGENCY RESPONSE TEAM (CERT)

TRAIN-THE-TRAINER

AUGUST 19-21, 2005

U.W. HOSPITAL, 3330 UNIVERSITY AVE, SUITE 300, , MADISON, WI

*Please complete the information below and FAX it to Margie Welsh at (608) 242-3249 by JULY 19, 2005.
Due to the demand for this training, we recommend that you submit your applications as soon as possible.
(Reproduce this sheet locally for additional people.)*

Please Print Clearly**

NAME _____ SIGNATURE _____

TITLE _____ AGENCY _____

SOCIAL SECURITY NUMBER _____
(MUST BE PROVIDED TO REGISTER)

HOME ADDRESS _____

CITY: _____ ZIP _____ COUNTY _____

WORK PHONE # _____ FAX #: _____ E-MAIL _____

State Privacy Provision Authorization: Wisc Stats 166.03 and E.O. 9397. Disclosure: Disclosure of personal information is voluntary; however, nondisclosure may result in delay in processing your application. Secondary Purpose: In accordance with Wisconsin Privacy Provision 15.04(m) Wisc Stats, the personal information you provide may be used for purposes other than for which it was collected.

LODGING INFORMATION

_____ I live within 50 Miles, and I do not need a room.

_____ I live over 50 miles away; please reserve a room on the following night(s):

(PLEASE CIRCLE THE NIGHTS THAT YOU NEED A ROOM)

FRIDAY, AUGUST 19, 2004

SATURDAY, AUGUST 20, 2004

Do you require a smoking room: _____ Yes _____ No

Do you require any special accommodations for a physical disability? _____ Yes _____ No